

MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 727-3465 HELPLINE
WWW.MASS.GOV/AGO

Application for Waiver of Child Labor Restrictions for Minors in Theatrical Productions

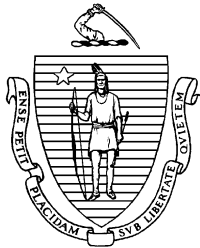
The Attorney General's Office may issue waivers to allow children under the age of 16 to participate in theatrical productions. The employer must submit this completed application form, along with a fee of \$100, in order to apply for a waiver of certain provisions of M.G.L. c. 149, s. 60 and 104. **The \$100 fee must be paid via money order or certified check and made payable to the "Commonwealth of Massachusetts."**

Please submit the completed application and payment to:

Noreen Kelly
Child Labor Waiver Unit, Fair Labor Division
Office of Attorney General Martha Coakley
P.O. Box 6303
Boston, MA 02114

If submitting your application via **Federal Express**, please send the form and payment to:

Noreen Kelly
Child Labor Waiver Unit, Fair Labor Division
Office of Attorney General Martha Coakley
100 Cambridge Street, 12th Floor
Boston, MA 02108



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Please provide the following:

Name of company/organization _____

Telephone number _____

Business address _____

Contact person (*name and title*) _____

List the **name, address, date of birth, and social security number** for each child actor (*attach additional sheets if necessary*).

List the name(s) of each child actor's parent(s) or guardian(s), and the name of the parent or guardian who will be on-site with each child actor (*attach additional sheets if necessary*).

List the dates and times (including start and finish time) of each performance:

List the locations of rehearsals and performances:

Is this the company's first waiver application? **Yes**____ **No**____

If no, when was the last application made? _____

If a previous application was approved, when was the waiver in effect? _____

Please note: If a waiver application is approved, the Attorney General's Office may attach conditions to the granting of the waiver if deemed necessary.

Signature of applicant _____

Name and title of applicant _____

Date _____